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WEEMMH/SB/21 (4/03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/812.733	
	Filing Date	March 30, 2004	
	First Named Inventor	Doyle R. MYERS	
	Group Art Unit	3654	
	Examiner Name	William A. Rivera	
Total Number of Pages in this Submission	17	Attorney Docket Number	27034-3

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input checked="" type="checkbox"/> Drawing(s) – 2 sheets red-marked; 2 sheets replacement drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, and Correspondence Address Form	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – 1 month	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Gary M. Gron Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Date	May 11, 2006		

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Typed or printed name	Gary M. Gron, Reg. No. 24, 293		
Signature	<i>Gary M Gron</i>	Date	May 11, 2006

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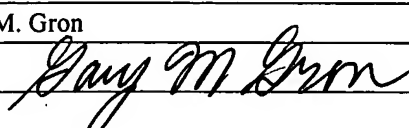
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FEE TRANSMITTAL For FY 2006 MAY 15 2006		Complete if Known Application Number: 10/812,733 Filing Date: March 30, 2004 First Named Inventor: Doyle R. MYERS Examiner Name: William A. Rivera Art Unit: 3654 Attorney Docket No.: 27034-3																															
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.21.		TOTAL AMOUNT OF PAYMENT: (\$60.00)																															
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments.																																	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																	
FEE CALCULATION																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																	
FILING FEES Small Entity		SEARCH FEES Small Entity																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> <tr><td>Utility</td><td>300</td><td>150</td></tr> <tr><td>Design</td><td>200</td><td>100</td></tr> <tr><td>Plant</td><td>200</td><td>100</td></tr> <tr><td>Reissue</td><td>300</td><td>150</td></tr> <tr><td>Provisional</td><td>200</td><td>100</td></tr> </table>	Application Type	Fee (\$)	Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> <tr><td>500</td><td>250</td></tr> <tr><td>100</td><td>50</td></tr> <tr><td>300</td><td>150</td></tr> <tr><td>500</td><td>250</td></tr> <tr><td>0</td><td>0</td></tr> </table>	Fee (\$)	Fee (\$)	500	250	100	50	300	150	500	250	0	0	EXAMINATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)																															
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2. EXCESS CLAIM FEES																																	
Fee Description		Small Entity																															
		Fee (\$)	Fee (\$)																														
Each claim over 20 (including Reissues)		50	25																														
Each independent claim over 3 (including Reissues)		200	100																														
Multiple dependent claims		360	180																														
Total Claims		Multiple Dependent Claims																															
-20 or HP = Extra Claims Fee (\$) Fee Paid (\$) = x 50 = 0 = 0		Fee (\$) Fee Paid (\$) x 360 = 0																															
HP = highest number of total claims paid for, if greater than 20																																	
Independent Claims		Extra Claims																															
-3 or HP = Fee (\$) Fee Paid (\$) = x 200 = 0 = 0																																	
HP = highest number of independent claims paid for, if greater than 3																																	
3. APPLICATION SIZE FEE																																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).																																	
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)																														
-100	=	/50	=																														
		(round up to a whole number)	x																														
		Fee Paid (\$) 0																															
4. OTHER FEE(S)																																	
Fee for 1 month extension of time/small entity			Fee Paid (\$) 60.00																														

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	24,293
Name (Print/Type)	Gary M. Gron	Telephone	(317) 634-3456
		Date	May 11, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

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